



Client Information

Training Type (circle one): Individual Small Group

Name:			Today's date:		
	Last Name	First Name			
Address:					
City / State / ZIP:					
Phone #	MOBILE		HOME		WORK
DOB:					
Email:					
Emergency Contact	Name:				
	Phone:		Relationship:		

Questionnaire

What activities or sports do you play?	
Sport Experience (yrs):	
Weight Training Exp (yrs):	
Injury History (if any):	
Height:	
Weight:	

Goals

Please list any abilities that you would like to achieve as a result of your strength consultation and program design.

Abilities		
Ex: Get stronger, lose weight, move better, get more flexible		
Performance Metrics		



PTSP Agreement

Waiver: In consideration of the fees paid, participant understands that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages while inside the facility of Physical Therapy San Pedro. Participants further agree to strictly obey trainers and observe safety rules.

I understand that Physical Therapy San Pedro will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment.

Photographs taken during the time the participant is in the facility will be used for postural comparison purposes and as educational tools. By signing below I consent to the use of these photographs in a professional manner.

Agreement Statement:

I _____, have read and understand this release and agreement and agree to its provisions. I am not under the influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, a parent or guardian must sign.)

Signature: _____

Date: _____

Parent Signature (in under 18 years old):

Date: _____